Serial No
SR 003010

SERVICING RECORD (NON-DOMESTIC)

Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

Gas Safe is a registered trademark of HSE and is used under licence.

GBR No .....

Details of Registered Business

Gas Safe Register No 6014
Business JBC Industrial Services Ltd
Address Tom Dando Close
Normanton
Postcode WF6 1TP
Telephone +44(0)113 220 3830
Registered Engineer's Nam[redacted]
Gas Safe Register Licence N[redacted]

Details of Site

Name A-F-G Block
Address Sycke Hall
88 Clarke House Road
Sheffield
Postcode S10 2LL
Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name Local Office
Address Unit Capcliffe Avenue
Sheffield
Postcode S10 3GA
Contact No 0114 222 6968

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer's signature [redacted]

Date: 30-2-21

Appliance/ Equipment Details	1	2	3	4
Location:	Plant Room	Plant Room		
Type:	Hot Water Boiler	Hot Water Boiler		
Manufacturer:	Viessmann	Viessmann		
Model:	Vitodens 300	Vitodens 300		
Serial No:	7176778B0758503	7176779B0121109		
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:	60kW	60kW		

Combustion Checks

Appliance No.	1		2		3		4	
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	n/a	n/a	n/a	n/a				
Gas burner pressure (mbar)	n/a	n/a	n/a	n/a				
Gas rate (m^3/hr)	n/a	n/a	n/a	n/a				
Flue gas temperature (°C)	71.8	71.0						
Oxygen (O_2) %	5.9	4.98						
Carbon Monoxide (CO) ppm	10	5						
Carbon Dioxide (CO_2) ppm	9.1	9.1						

Additional safety checks (Yes/No/NA)

	1	2	3	4
Flue flow test satisfactory?	n/a	n/a		
Spillage test satisfactory?	n/a	n/a		
Ventilation satisfactory (see also Ventilation)?	n/a	n/a		
Air/gas pressure switch operating correctly?	YES	YES		
Flame proving/safety devices operating correctly?	n/a	n/a		
Burner lock-out time (seconds)	YES	YES		
Temperature/limit stats operating correctly?	6	5		
Gas booster(s)/compressor(s) operating correctly?	YES	YES		
Gas appliance tightness test carried out?	n/a	n/a		
Gas installation pipework adequately supported?	n/a	n/a		
Gas installation pipework sleeved, labelled and painted as necessary?	YES	YES		
Chimney system installed in accordance with appropriate standards?	YES	YES		

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm^2)	Vents Serve
Free area low-level (cm^2)	
Free area high-level (cm^2)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m^3/h)	
Extract (m^3/h)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

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Serial No
SR 003011

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SERVICING RECORD (NON-DOMESTIC)

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GBR No .....

Details of Registered Business

Gas Safe Register No 6014
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Address Tom Dando Close
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Telephone +44(0)113 220 3830
Registered Engineer's Nam [redacted]
Gas Safe Register Licence [redacted]

Details of Site

Name B. Block
Address CROWE HALL
38 CLARKE HOUSE ROAD
SHEFFIELD
Postcode S10 2LL
Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name ENGIE UDEG
Address 11A CARDCLIFFE AVENUE
SHEFFIELD
Postcode S10 3EA
Contact No 0114 222 4948

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☑ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer [redacted]

Date: 10/2/21

Appliance/ Equipment Details	1	2	3	4
Location:	Cupboard in W/C			
Type:	BCS-16kW wall boiler			
Manufacturer:	WORCESTER			
Model:	BOSCH 15 3000			
Serial No:	11167378601586100			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:	15			

Combustion Checks	1		2		3		4	
Appliance No.								
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	N/A	N/A						
Gas burner pressure (mbar)								
Gas rate (m^3/hr)	N/A	N/A						
Flue gas temperature (°C)	58	152						
Oxygen (O_2) %	16.5	5.8						
Carbon Monoxide (CO) ppm	0	0						
Carbon Dioxide (CO_2) ppm	3.8	9.5						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	N/A			
Spillage test satisfactory?	N/A			
Ventilation satisfactory (see also Ventilation)?	YES			
Air/gas pressure switch operating correctly?	N/A			
Flame proving/safety devices operating correctly?	YES			
Burner lock-out time (seconds)	6			
Temperature/limit stats operating correctly?	YES			
Gas booster(s)/compressor(s) operating correctly?	N/A			
Gas appliance tightness test carried out?	N/A			
Gas installation pipework adequately supported?	YES			
Gas installation pipework sleeved, labelled and painted as necessary?	YES			
Chimney system installed in accordance with appropriate standards?	YES			

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm^2)	Room Sealed
Free area low-level (cm^2)	
Free area high-level (cm^2)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m^3/h)	
Extract (m^3/h)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

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Registration No. 6014

Serial No
SR 003012

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Gas Safe Register Licence [redacted]

Details of Site

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Sheffield
Postcode S10 2LE
Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name ..... Estate Office
Address ..... 11A Endcliffe Avenue
Sheffield
Postcode S10 3EA
Contact No 0114 222 4943

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer's signature [redacted]

Date: .....

Appliance/ Equipment Details	1	2	3	4
Location:	Ground floor WC			
Type:	W-S-HotWater 50/60			
Manufacturer:	VIESMANN			
Model:	VITODENS 300			
Serial No:	7446-7786021101			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:				

Combustion Checks	1		2		3		4	
Appliance No.								
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	N/A	N/A						
Gas burner pressure (mbar)	N/A	N/A						
Gas rate (m^3/hr)	N/A	N/A						
Flue gas temperature (°C)	53.3	160.0						
Oxygen (O_2) %	12.9	6.19						
Carbon Monoxide (CO) ppm	2	10						
Carbon Dioxide (CO_2) ppm	5.3	9.2						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	N/A			
Spillage test satisfactory?	N/A			
Ventilation satisfactory (see also Ventilation)?	YES			
Air/gas pressure switch operating correctly?	N/A			
Flame proving/safety devices operating correctly?	YES			
Burner lock-out time (seconds)	5			
Temperature/limit stats operating correctly?	YES			
Gas booster(s)/compressor(s) operating correctly?	N/A			
Gas appliance tightness test carried out?	N/A			
Gas installation pipework adequately supported?	YES			
Gas installation pipework sleeved, labelled and painted as necessary?	YES			
Chimney system installed in accordance with appropriate standards?	YES			

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm^2)	
Free area low-level (cm^2)	
Free area high-level (cm^2)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m^3/s)	
Extract (m^3/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice Issued, Insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

Registration No. 6014

Serial No
SR 003013

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Contact No .....

Details of Customer/Landlord (or agent where appropriate)

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SHEFFIELD
Postcode S10 3EA
Contact No 0114 222 4948

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer's signature [redacted]

Date: 30-4-21

Appliance/ Equipment Details	1	2	3	4
Location:	Ground Flr WC			
Type	RS Hot Water boiler			
Manufacturer:	VIESMANN			
Model:	VITODENS 300			
Serial No:	7676786012800109			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:	45			

Combustion Checks	1		2		3		4	
Appliance No.								
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	n/a	n/a						
Gas burner pressure (mbar)	n/a	n/a						
Gas rate (m^3/hr)	n/a	n/a						
Flue gas temperature (°C)	68.8	69.1						
Oxygen (O_2) %	16.6	16.9						
Carbon Monoxide (CO) ppm	4	4						
Carbon Dioxide (CO_2) ppm	2	2						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	n/a			
Spillage test satisfactory?	n/a			
Ventilation satisfactory (see also Ventilation)?	YES			
Air/gas pressure switch operating correctly?	n/a			
Flame proving/safety devices operating correctly?	YES			
Burner lock-out time (seconds)	4			
Temperature/limit stats operating correctly?	YES			
Gas booster(s)/compressor(s) operating correctly?	n/a			
Gas appliance tightness test carried out?	n/a			
Gas installation pipework adequately supported?	YES			
Gas installation pipework sleeved, labelled and painted as necessary?	YES			
Chimney system installed in accordance with appropriate standards?	YES			

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm^2)	
Free area low-level (cm^2)	
Free area high-level (cm^2)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m^3/s)	
Extract (m^3/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, inform Gas Safe No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

Registration No. 6014

Key: Top Copy - Gas User/Res[illegible]

Serial No

SR 003014

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Registered Engineer's Nam [redacted]

Gas Safe Register Licence N [redacted]

Details of Site

Name E Block

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88 CLARKE HOUSE ROAD
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Postcode S10 2LL

Contact No .....

Details of Customer/Landlord (or agent where appropriate)

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Address 14A ENGLISH AVENUE
SHEFFIELD

Postcode S10 3GA

Contact No 0114 272 0819

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer [redacted]

Date: 30/4/21

Appliance/ Equipment Details	1	2	3	4
Location:	Cupboard			
Type	LO-THE WATER BOILER			
Manufacturer:	VIESMANN			
Model:	VITODENS 300			
Serial No:	7746746621201 02			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:	60			

Combustion Checks	1		2		3		4	
Appliance No.								
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	N/A	N/A						
Gas burner pressure (mbar)	N/A	N/A						
Gas rate (m^3/hr)	N/A	N/A						
Flue gas temperature (°C)	66.3	66.3						
Oxygen (O_2) %	6.89	6.71						
Carbon Monoxide (CO) ppm	6	11						
Carbon Dioxide (CO_2) ppm	11.4	11.6						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	N/A			
Spillage test satisfactory?	N/A			
Ventilation satisfactory (see also Ventilation)?	YES			
Air/gas pressure switch operating correctly?	N/A			
Flame proving/safety devices operating correctly?	YES			
Burner lock-out time (seconds)	7			
Temperature/limit stats operating correctly?	YES			
Gas booster(s)/compressor(s) operating correctly?	N/A			
Gas appliance tightness test carried out?	N/A			
Gas installation pipework adequately supported?	YES			
Gas installation pipework sleeved, labelled and painted as necessary?	YES			
Chimney system installed in accordance with appropriate standards?	YES			

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm^2)	
Free area low-level (cm^2)	
Free area high-level (cm^2)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet ($m^{3/h}$)	
Extract ($m^{3/h}$)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

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Gas Safe Registration No. 6014

Serial No
SR 003015

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Details of Registered Business

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Gas Safe Register Licence [redacted]

Details of Site

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Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name Engie Office
Address 14A Endcliffe Avenue
Sheffield
Postcode S10 3EN
Contact No 0114 222 1918

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer's signature [redacted]

Date: 19/04/21

Appliance/ Equipment Details	1	2	3	4
Location:	BASEMENT	BASEMENT	BASEMENT	
Type:	125 - Heatwave Boiler	125 - Heatwave Boiler	125 - Heatwave Boiler	
Manufacturer:	VIESMANN	VIESMANN	VIESMANN	
Model:	VITODENS 200-W	VITOCAL	VITODENS - 200-W	
Serial No:	7570792012111119	VAGUE MAX 2385	7570788401013117	
Burner manufacturer (if different)		[illegible]		
Burner Serial:				
KW Rating:	25	32	19	

Combustion Checks	1		2		3		4	
Appliance No.								
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	n/a	n/a	n/a	n/a	n/a	n/a		
Gas burner pressure (mbar)	n/a	n/a	n/a	n/a	n/a	n/a		
Gas rate (m³/hr)	n/a	n/a	n/a	n/a	n/a	n/a		
Flue gas temperature (°C)	61	76.8	33.9	61.5	50.8	56.6		
Oxygen (O_2) %	20.9	20.3	6.02	16.35	15.12	16.03		
Carbon Monoxide (CO) ppm	3	25	1	18	2	20		
Carbon Dioxide (CO_2) ppm	9.1	11.0	8.4	9.2	9.6	8.2		

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	n/a	n/a	n/a	
Spillage test satisfactory?	n/a	n/a	n/a	
Ventilation satisfactory (see also Ventilation)?	YES	YES	YES	
Air/gas pressure switch operating correctly?	n/a	n/a	n/a	
Flame proving/safety devices operating correctly?	YES	YES	YES	
Burner lock-out time (seconds)	6	6	6	
Temperature/limit stats operating correctly?	YES	YES	YES	
Gas booster(s)/compressor(s) operating correctly?	n/a	n/a	n/a	
Gas appliance tightness test carried out?	n/a	n/a	n/a	
Gas installation pipework adequately supported?	YES	YES	YES	
Gas installation pipework sleeved, labelled and painted as necessary?	YES	YES	YES	
Chimney system installed in accordance with appropriate standards?	YES	YES	YES	

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm²)	
Free area low-level (cm²)	
Free area high-level (cm²)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m^{3}/s)	
Extract (m^{3}/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

Registration No. 6014

Key: Top Copy - Gas User

Serial No

SR 003025

SERVICING RECORD (NON-DOMESTIC)

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GBR No .....

Details of Registered Business

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Registered Engineer's Nam [redacted]

Gas Safe Register Licence [redacted]

Details of Site

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Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name Engie Office

Address 11A ENDCLIFFE AVENUE
SHEFFIELD

Postcode S10 3EA

Contact No 0114 222 6948

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, Industry standards and procedures.

Gas engineer's signature [redacted]

Date: 22-11-21

Appliance/ Equipment Details	1	2	3	4
Location:	Plant room			
Type:	RS-160 WATER HEATER			
Manufacturer:	VISMANN			
Model:	VITODENS 200			
Serial No:	7176503568816103			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:	25			

Combustion Checks	1		2		3		4	
Appliance No.								
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	n/a	n/a						
Gas burner pressure (mbar)	n/a	n/a						
Gas rate (m^3/hr)	n/a	n/a						
Flue gas temperature (°C)	46.7	60.1						
Oxygen (O_2) %	5.39	5.08						
Carbon Monoxide (CO) ppm	56	92						
Carbon Dioxide (CO_2) ppm	9.8	11.0						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	n/a			
Spillage test satisfactory?	n/a			
Ventilation satisfactory (see also Ventilation)?	yes			
Air/gas pressure switch operating correctly?	n/a			
Flame proving/safety devices operating correctly?	yes			
Burner lock-out time (seconds)	3			
Temperature/limit stats operating correctly?	yes			
Gas booster(s)/compressor(s) operating correctly?	n/a			
Gas appliance tightness test carried out?	n/a			
Gas installation pipework adequately supported?	yes			
Gas installation pipework sleeved, labelled and painted as necessary?	yes			
Chimney system installed in accordance with appropriate standards?	yes			

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm^2)	
Free area low-level (cm^2)	
Free area high-level (cm^2)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m^3/s)	
Extract (m^3/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

CHAS · Safecontractor · Safety Council Member · ISO 9001 CERTIFIED · ISO 45001 CERTIFIED · ISO 14001 CERTIFIED · Gas Safe Registration No. 6014

Serial No

SR 003021

SERVICING RECORD (NON-DOMESTIC)

Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

Gas Safe is a registered trademark of HSE and is used under licence.

GBR No .....

Details of Registered Business

Gas Safe Register No 6014

Business JBC Industrial Services Ltd

Address Tom Dando Close

Normanton

Postcode WF6 1TP

Telephone +44(0)113 220 3830

Registered Engineer's Name [redacted]

Gas Safe Register Licence No [redacted]

Details of Site

Name R-Block

Address Crewe Hall

88 Clarice House Road

Sheffield

Postcode S10 2LL

Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name ENGAC office

Address 14-a Endcliffe Avenue

Sheffield

Postcode S10 3EA

Contact No 0114 221 6418

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer's signature [redacted]

Date: 30-4-21

Appliance/ Equipment Details	1	2	3	4
Location:	Kitchen Cupboard			
Type:	WB-HOT WATER Boiler			
Manufacturer:	WORCESTER			
Model:	Vitodens 200			
Serial No:	11365460136108			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:	26			

Combustion Checks	1		2		3		4	
Appliance No.								
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	N/A	N/A						
Gas burner pressure (mbar)	N/A	N/A						
Gas rate (m^3/hr)	N/A	N/A						
Flue gas temperature (°C)	64	65						
Oxygen (O_2) %	6.3	5.9						
Carbon Monoxide (CO) ppm	56	50						
Carbon Dioxide (CO_2) ppm	7.5	7.6						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	N/A			
Spillage test satisfactory?	N/A			
Ventilation satisfactory (see also Ventilation)?	YES			
Air/gas pressure switch operating correctly?	N/A			
Flame proving/safety devices operating correctly?	YES			
Burner lock out time (seconds)	3			
Temperature/limit stats operating correctly?	YES			
Gas booster(s)/compressor(s) operating correctly?	N/A			
Gas appliance tightness test carried out?	N/A			
Gas installation pipework adequately supported?	YES			
Gas installation pipework sleeved, labelled and painted as necessary?	YES			
Chimney system installed in accordance with appropriate standards?	YES			

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm^2)	
Free area low-level (cm^2)	
Free area high-level (cm^2)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m^3/s)	
Extract (m^3/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice Issued, Insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

CHAS · Member · ISO 9001 CERTIFIED · ISO 45001 CERTIFIED · ISO 14001 CERTIFIED · Gas Safe Register

Registration No. 6014

Serial No

SR 003022

SERVICING RECORD (NON-DOMESTIC)

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GBR No .....

Details of Registered Business

Gas Safe Register No 6014

Business JBC Industrial Services Ltd

Address Tom Dando Close
Normanton

Postcode WF6 1TP

Telephone +44(0)113 220 3830

Registered Engineer's Nam[redacted]

Gas Safe Register Licence [redacted]

Details of Site

Name L-Block

Address CRICKET HALL
88 CLARKE HOUSE ROAD
SHEFFIELD

Postcode S10 2LL

Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name Energy Office

Address 114A Cavendish Avenue
Sheffield

Postcode S10 3EN

Contact No 0114 222 6948

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer's signature [redacted]

Date: [redacted]

Appliance/ Equipment Details	1	2	3	4
Location:	Main room			
Type:	FS-HBT WMCE boiler			
Manufacturer:	Viessmann			
Model:	Vitodens 300			
Serial No:	7196669/0/0/0106			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:	33			

Combustion Checks	1		2		3		4	
Appliance No.								
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	n/a	n/a						
Gas burner pressure (mbar)	n/a	n/a						
Gas rate (m³/hr)	n/a	n/a						
Flue gas temperature (°C)	60.9	80.6						
Oxygen (O_2) %	5.5	5.9						
Carbon Monoxide (CO) ppm	2	6						
Carbon Dioxide (CO_2) ppm	8.8	8.6						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	n/a			
Spillage test satisfactory?	n/a			
Ventilation satisfactory (see also Ventilation)?	Yes			
Air/gas pressure switch operating correctly?	n/a			
Flame proving/safety devices operating correctly?	Yes			
Burner lock-out time (seconds)	5			
Temperature/limit stats operating correctly?	Yes			
Gas booster(s)/compressor(s) operating correctly?	n/a			
Gas appliance tightness test carried out?	n/a			
Gas installation pipework adequately supported?	Yes			
Gas installation pipework sleeved, labelled and painted as necessary?	Yes			
Chimney system installed in accordance with appropriate standards?	Yes			

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm²)	
Free area low-level (cm²)	
Free area high-level (cm²)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m³/s)	
Extract (m³/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

Registration No. 6014

Serial No
SR 003016

SERVICING RECORD (NON-DOMESTIC)

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GBR No .....

Details of Registered Business

Gas Safe Register No 6014
Business JBC Industrial Services Ltd
Address Tom Dando Close
Normanton
Postcode WF6 1TP
Telephone +44(0)113 220 3830
Registered Engineer's Nam[redacted]
Gas Safe Register Licence [redacted]

Details of Site

Name M. Black
Address CROWE HALL
88 CLARKE HOUSE ROAD
SHEFFIELD
Postcode S10 2LL
Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name CAGE Office
Address 114 ENDCLIFFE AVENUE
SHEFFIELD
Postcode S10 3EN
Contact No 0114 222 4468

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer's signature [redacted]

Date: 20-4-21

Appliance/ Equipment Details	1	2	3	4
Location:	PLANT ROOM			
Type:	NO LOW WATER Boiler			
Manufacturer:	VIESMANN			
Model:	VITODENS 300			
Serial No:	7716799624 [illegible]			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:	40			

Combustion Checks								
Appliance No.	1		2		3		4	
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	N/A	N/A						
Gas burner pressure (mbar)	N/A	N/A						
Gas rate (m³/hr)	N/A	N/A						
Flue gas temperature (°C)	58.8	57.1						
Oxygen (O_2) %	6.42	6.43						
Carbon Monoxide (CO) ppm	13	16						
Carbon Dioxide (CO_2) ppm	9.2	9.6						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	N/A			
Spillage test satisfactory?	N/A			
Ventilation satisfactory (see also Ventilation)?	YES			
Air/gas pressure switch operating correctly?	N/A			
Flame proving/safety devices operating correctly?	YES			
Burner lock-out time (seconds)	6			
Temperature/limit stats operating correctly?	YES			
Gas booster(s)/compressor(s) operating correctly?	N/A			
Gas appliance tightness test carried out?	N/A			
Gas installation pipework adequately supported?	YES			
Gas installation pipework sleeved, labelled and painted as necessary?	YES			
Chimney system installed in accordance with appropriate standards?	YES			

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm²)	
Free area low-level (cm²)	
Free area high-level (cm²)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m³/s)	
Extract (m³/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

CHAS · ISO 9001 CERTIFIED · ISO 45001 CERTIFIED · ISO 14001 CERTIFIED · Gas Safe Registration No. 6014

Serial No
SR [redacted]

SERVICING RECORD (NON-DOMESTIC)

[redacted] can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

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GBR No .....

Details of Registered Business

Gas Safe Register No 6014
Business JBC Industrial Services Ltd
Address Tom Dando Close
Normanton
Postcode WF6 1TP
Telephone +44(0)113 220 3830
Registered Engineer's Nam[redacted]
Gas Safe Register Licence [redacted]

Details of Site

Name .....
Address .....
.....
.....
Postcode .....
Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name .....
Address .....
.....
Postcode .....
Contact No .....

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer's signature [redacted]

Date: [redacted]

Appliance/ Equipment Details	1	2	3	4
Location				
Type				
Manufacturer				
Model:				
Serial No.				
Burner manufacturer (if different)				
Burner Serial				
KW Rating:				

Combustion Checks

Appliance No.	1		2		3		4	
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)								
Gas burner pressure (mbar)								
Gas rate (m^3/hr)								
Flue gas temperature (°C)								
Oxygen (O_2) %								
Carbon Monoxide (CO) ppm								
Carbon Dioxide (CO_2) ppm								

Additional safety checks (Yes/No/NA)

	1	2	3	4
Flue flow test satisfactory?				
Spillage test satisfactory?				
Ventilation satisfactory (see also Ventilation)?				
Air/gas pressure switch operating correctly?				
Flame proving/safety devices operating correctly?				
Burner lock-out time (seconds)				
Temperature/limit stats operating correctly?				
Gas booster(s)/compressor(s) operating correctly?				
Gas appliance tightness test carried out?				
Gas installation pipework adequately supported?				
Gas installation pipework sleeved, labelled and painted as necessary?				
Chimney system installed in accordance with appropriate standards?				

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm^2)	
Free area low level. (cm^2)	
Free area high level (cm^2)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m^3/s)	
Extract (m^3/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice

	☑	If Warning/Advice Notice issued, state Code No.
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

CHAS · Member · Registration No. 6014

Key: Top Copy - Gas User/Responsible Person Green Copy - Gas Engineer

Serial No

SR

SERVICING RECORD (NON-DOMESTIC)

Registered Business Engineer details can be checked at www.gassafe

Gas Safe is a registered trademark of HSE and is used under licence.

GBR No. ....

Details of Registered Business

Gas Safe Register No 6014

Business JBC Industrial Services Ltd

Address Tom Dando Close
Normanton

Postcode WF6 1TP

Telephone +44(0)113 220 3830

Registered Engineer's Nam [redacted]

Gas Safe Register Licence [redacted]

Details of Site

Name .....

Address .....

.....

.....

Postcode .....

Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name .....

Address .....

.....

Postcode .....

Contact No .....

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly) ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Ga[redacted]re

Date: .....

Appliance/ Equipment Details	1	2	3	4
Location:				
Type:				
Manufacturer:				
Model:				
Serial No:				
Burner manufacturer (if different)				
Burner Serial				
KW Rating:				

Combustion Checks

Appliance No.	1		2		3		4	
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)								
Gas burner pressure (mbar)								
Gas rate (m³/hr)								
Flue gas temperature (°C)								
Oxygen (O_2) %								
Carbon Monoxide (CO) ppm								
Carbon Dioxide (CO_2) ppm								

Additional safety checks (Yes/No/NA)

	1	2	3	4
Flue flow test satisfactory?				
Spillage test satisfactory?				
Ventilation satisfactory (see also Ventilation)?				
Air/gas pressure switch operating correctly?				
Flame proving/safety devices operating correctly?				
Burner lock-out time (seconds)				
Temperature/stat stats operating correctly?				
Gas booster(s)/compressor(s) operating correctly?				
Gas appliance tightness test carried out?				
Gas installation pipework adequately supported?				
Gas installation pipework sleeved, labelled and painted as necessary?				
Controls system installed in accordance with appropriate standards?				

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm^2)

Free area low-level (cm^2)

Free area high-level (cm^2)

All ventilation grilles clear and unobstructed? Yes ☐ No ☐

2. Mechanical Ventilation Flow Rates

Inlet (m^3/hr)

Extract (m^3/hr)

Mechanical ventilation interlock operating correctly? Yes ☐ No ☐

All ventilation grilles clear and unobstructed? Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

CHAS Member

Registration No. 6014

Serial No

SR 003024

SERVICING RECORD (NON-DOMESTIC)

Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500

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GBR No .....

Details of Registered Business

Gas Safe Register No 6014

Business JBC Industrial Services Ltd

Address Tom Dando Close

Normanton

Postcode WF6 1TP

Telephone +44(0)113 220 3830

Registered Engineer's Nam [redacted]

Gas Safe Register Licence [redacted]

Details of Site

Name ..... IC Stock

Address ..... Crewe Hall

..... Clarice House Pond

..... Sheffield

Postcode S10 2LL

Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name ..... Engie Office

Address ..... 14A Earnsliffe Avenue

..... Sheffield

Postcode S10 3GA

Contact No 0114 222 6468

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☑ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer's signature [redacted]

Date: 30-4-21

Appliance/ Equipment Details	1	2	3	4
Location:	Plant room			
Type:	LO Heatmaster Boiler			
Manufacturer:	Viessmann			
Model:	Vitodens 100W			
Serial No:	05-7079070130711			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:	28			

Combustion Checks								
Appliance No.	1		2		3		4	
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	n/a	n/a						
Gas burner pressure (mbar)	n/a	n/a						
Gas rate (m³/hr)	n/a	n/a						
Flue gas temperature (°C)	63.5	69.0						
Oxygen (O_2) %	5.43	5.92						
Carbon Monoxide (CO) ppm	7	19						
Carbon Dioxide (CO_2) ppm	7.8	9.7						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	n/a			
Spillage test satisfactory?	n/a			
Ventilation satisfactory (see also Ventilation)?	yes			
Air/gas pressure switch operating correctly?	n/a			
Flame proving/safety devices operating correctly?	yes			
Burner lock-out time (seconds)	8			
Temperature/limit stats operating correctly?	yes			
Gas booster(s)/compressor(s) operating correctly?	n/a			
Gas appliance tightness test carried out?	n/a			
Gas installation pipework adequately supported?	yes			
Gas installation pipework sleeved, labelled and painted as necessary?	yes			
Chimney system installed in accordance with appropriate standards?	yes			

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm²)	
Free area low-level (cm²)	
Free area high-level (cm²)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m³/s)	
Extract (m³/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

Registration No. 6014

Key: Top Copy - Gas User/Responsible Person

Serial No

SR 003018

SERVICING RECORD (NON-DOMESTIC)

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GBR No .....

Details of Registered Business

Gas Safe Register No 6014

Business JBC Industrial Services Ltd

Address Tom Dando Close

Normanton

Postcode WF6 1TP

Telephone +44(0)113 220 3830

Registered Engineer's Nam[redacted]

Gas Safe Register Licence N[redacted]

Details of Site

Name S-Block

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88 CLARKE HOUSE ROAD

SHEFFIELD

Postcode S10 2LL

Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name ENGIE OFFICE

Address 14 A GARDILLE AVENUE

SHEFFIELD

Postcode S10 3EA

Contact No 0114 222 6948

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer's signature [redacted]

Date: 30-4-21

Appliance/ Equipment Details	1	2	3	4
Location:	CUSTOMER			
Type:	NO - HOT WATER BOILER			
Manufacturer:	VIESMANN			
Model:	VITOPENS 300			
Serial No:	7176773860199110L			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:	20KW			

Combustion Checks								
Appliance No.	1		2		3		4	
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	n/a	n/a						
Gas burner pressure (mbar)	n/a	n/a						
Gas rate (m^3/hr)	n/a	n/a						
Flue gas temperature (°C)	64.3	66.0						
Oxygen (O_2) %	6.3	5.10						
Carbon Monoxide (CO) ppm	1	5						
Carbon Dioxide (CO_2) ppm	8.5	9.0						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	n/a			
Spillage test satisfactory?	n/a			
Ventilation satisfactory (see also Ventilation)?	YES			
Air/gas pressure switch operating correctly?	n/a			
Flame proving/safety devices operating correctly?	YES			
Burner lock-out time (seconds)	2			
Temperature/limit stats operating correctly?	YES			
Gas booster(s)/compressor(s) operating correctly?	n/a			
Gas appliance tightness test carried out?	N/A			
Gas installation pipework adequately supported?	YES			
Gas installation pipework sleeved, labelled and painted as necessary?	YES			
Chimney system installed in accordance with appropriate standards?	YES			

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm^2)	
Free area low-level (cm^2)	
Free area high-level (cm^2)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m^3/s)	
Extract (m^3/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

Registration No. 6014

Key: Top Copy - Cust[illegible]

Serial No

SR 003019

SERVICING RECORD (NON-DOMESTIC)

Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

Gas Safe is a registered trademark of HSE and is used under licence.

GBR No .....

Details of Registered Business

Gas Safe Register No 6014

Business JBC Industrial Services Ltd

Address Tom Dando Close

Normanton

Postcode WF6 1TP

Telephone +44(0)113 220 3830

Registered Engineer's Nam [redacted]

Gas Safe Register Licence [redacted]

Details of Site

Name T-Block

Address CREWE HALL

68 CAVENDISH HOUSE ROAD

SHEFFIELD

Postcode S10 2LL

Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name ENGIE OFFICE

Address 14 A GOODLIFFE AVENUE

SHEFFIELD

Postcode S10 5EA

Contact No 0114 222 6968

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☑ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas [redacted]

Date: 8-4-21

Appliance/ Equipment Details	1	2	3	4
Location:	[illegible]			
Type:	80 HOTWATER Boiler			
Manufacturer:	VIESMANN			
Model:	VITODENS 200 W			
Serial No:	7536194080167311U			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:	26			

Combustion Checks								
Appliance No.	1		2		3		4	
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	N/A	N/A						
Gas burner pressure (mbar)	N/A	N/A						
Gas rate (m^3/hr)	N/A	N/A						
Flue gas temperature (°C)	66	136						
Oxygen (O_2) %	5.10	6.33						
Carbon Monoxide (CO) ppm	3	19						
Carbon Dioxide (CO_2) ppm	9.0	8.5						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	N/A			
Spillage test satisfactory?	N/A			
Ventilation satisfactory (see also Ventilation)?	YES			
Air/gas pressure switch operating correctly?	N/A			
Flame proving/safety devices operating correctly?	YES			
Burner lock-out time (seconds)	6			
Temperature/limit stats operating correctly?	YES			
Gas booster(s)/compressor(s) operating correctly?	N/A			
Gas appliance tightness test carried out?	N/A			
Gas installation pipework adequately supported?	YES			
Gas installation pipework sleeved, labelled and painted as necessary?	YES			
Chimney system installed in accordance with appropriate standards?	YES			

CHAS · Member · ISO 9001 CERTIFIED · ISO 45001 CERTIFIED · ISO 14001 CERTIFIED · Gas Safe Register Registration No. 6014

Boiler Room/Enclosure/Room:

Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑

1. Natural Draught (cm^2)	
Free area low-level (cm^2)	
Free area high-level (cm^2)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m^3/s)	
Extract (m^3/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

Serial No

SR 003020

SERVICING RECORD (NON-DOMESTIC)

Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

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GBR No .....

Details of Registered Business

Gas Safe Register No 6014

Business JBC Industrial Services Ltd

Address Tom Dando Close

Normanton

Postcode WF6 1TP

Telephone +44(0)113 220 3830

Registered Engineer's Name [redacted]

Gas Safe Register Licence N [redacted]

Details of Site

Name U - Block

Address CWEWE HALL

88 CLARKE HOUSE ROAD

SHEFFIELD

Postcode S10 2LL

Contact No .....

Details of Customer/Landlord (or agent where appropriate)

Name ENGIE OFFICE

Address 11 A ENGLEFIELD AVENUE

SHEFFIELD

Postcode S10 3BA

Contact No 0114 221 4968

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly). ☑

Appliance 1 ☐ 2 ☐ 3 ☐ 4 ☐

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineer's signature [redacted]

Date: 30-4-21

Appliance/ Equipment Details	1	2	3	4
Location:	CUPBOARD			
Type:	10 HOT WATER BOILER			
Manufacturer:	VIESMANN			
Model:	VITODENS 100			
Serial No:	7207408010 7112			
Burner manufacturer (if different)				
Burner Serial:				
KW Rating:				

Combustion Checks								
Appliance No.	1		2		3		4	
Firing mode	Low	High	Low	High	Low	High	Low	High
Heat input rating (kW)	N/A	N/A						
Gas burner pressure (mbar)	N/A	N/A						
Gas rate (m^3/hr)	N/A	N/A						
Flue gas temperature (°C)	63	63						
Oxygen (O_2) %	6.1	6.1						
Carbon Monoxide (CO) ppm	22	22						
Carbon Dioxide (CO_2) ppm	11.2	11.2						

Additional safety checks (Yes/No/NA)	1	2	3	4
Flue flow test satisfactory?	N/A			
Spillage test satisfactory?	N/A			
Ventilation satisfactory (see also Ventilation)?	YES			
Air/gas pressure switch operating correctly?	N/A			
Flame proving/safety devices operating correctly?	YES			
Burner lock-out time (seconds)				
Temperature/limit stats operating correctly?	YES			
Gas booster(s)/compressor(s) operating correctly?	N/A			
Gas appliance tightness test carried out?	N/A			
Gas installation pipework adequately supported?	YES			
Gas installation pipework sleeved, labelled and painted as necessary?	YES			
Chimney system installed in accordance with appropriate standards?	YES			

Boiler Room/Enclosure/Room: Natural Draught-go to 1, Mechanical Ventilation go to 2) ☑	
1. Natural Draught (cm^2)	
Free area low-level (cm^2)	
Free area high-level (cm^2)	
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐
2. Mechanical Ventilation Flow Rates	
Inlet (m^3/s)	
Extract (m^3/s)	
Mechanical ventilation interlock operating correctly?	Yes ☐ No ☐
All ventilation grilles clear and unobstructed?	Yes ☐ No ☐

Remedial work required

Warning Notice	☑	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes ☐ No ☐	
Has warning label(s) been attached?	Yes ☐ No ☐	
Has responsible person been advised?	Yes ☐ No ☐	Name of responsible person advised

Registration No. 6014

Key: Top Copy - Gas User/Responsible Person Green Copy - Gas Engineer